

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2758AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/20/2011
NAME OF PROVIDER OR SUPPLIER EMERITUS AT SPRING VALLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 8880 W TROPICANA AVE LAS VEGAS, NV 89147		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility on 3/25/11 through 4/20/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 52 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents.</p> <p>Complaint #NV00027898: The allegation regarding lack of protective supervision was substantiated. See TAG Y515.</p> <p>- The allegation regarding resident safety was substantiated. See TAG Y972.</p>	Y 000		
Y 515 SS=G	<p>449.259(1)(a) Supervision of Residents</p> <p>NAC 449.259 1. A residential facility shall: (a) Provide each resident with protective supervision as necessary.</p> <p>This Regulation is not met as evidenced by:</p>	Y 515		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 515	<p>Continued From page 1</p> <p>Based on interviews and record review from 3/25/11 to 4/14/11, the administrator failed to provide adequate protective supervision for 1 of 48 residents (Resident #1).</p> <p>Findings include:</p> <p>Resident #1 was an 81 year old resident with Alzheimer's disease, depression, and debility who was admitted to the secured facility on 8/9/10.</p> <p>Resident #1 was found outside the front of the locked Alzheimer's facility on 3/10/11 at approximately 2:05 PM by an employee after the resident fell into a flower bed. The resident was believed to have eloped through the facility's "A" hall exit door after moving personnel had disabled the door alarm. The facility staff then failed to monitor the door. The resident was then observed by facility staff wandering outside the front of the building and falling into a flower bed surrounded by stones. The facility is located at 8800 West Tropicana Avenue, a highly trafficked road.</p> <p>- During an interview on 3/28/11, Employee #2 stated that they were waiting at the bus stop across the street from the facility and observed the resident's fall. Employee #2 then called the facility to report seeing the resident wandering near the front of the building. Two employees responded by providing aid to the resident and calling 911. The resident was then transported to the hospital emergency room, evaluated and treated for scratches and abrasions to the arms and face, and returned to the facility two hours later.</p> <p>An Incident Report completed on 3/15/11 documented that durable medical equipment</p>	Y 515			

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Y 515	Continued From page 2 company personnel were moving a bed and equipment out of the building through the "A" hall exit door around the time that the resident eloped. Facility staff stated that moving personnel disabled the door alarm. The facility staff then failed to monitor the exit door. The facility failed to provide adequate protective supervision to prevent the elopement of one resident. As a result, the resident required emergency care and treatment. Severity: 3 Scope: 1	Y 515			
Y 972 SS=F	449.2754(5)(c)(6)(1)(II) Alzheimer's Policies NAC 449.2754 5. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes: (c) A description of: (6) The steps the members of the staff of the facility will take to: (I) Prevent residents from wandering from the facility. (II) Respond when a resident wanders from the facility; and This Regulation is not met as evidenced by: Based on interview and document review, from 3/25/11 through 4/20/11, the members of the facility staff failed to take appropriate steps to	Y 972			

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Y 972	<p>Continued From page 3</p> <p>prevent 1 of 48 residents from wandering away from the facility. The facility did not have a policy and procedure in place for monitoring exit doors when alarms were disabled.</p> <p>Findings include:</p> <p>An Incident Report completed on 3/15/11 by the facility's administrator documented that durable medical equipment company personnel were moving a bed and equipment out of the building through the "A" hall exit door around the time that Resident #1 eloped. Facility staff stated that moving personnel disabled the door alarm and facility staff then failed to monitor the exit door.</p> <p>On 4/14/11, the facility's administrator stated that the facility did not have a policy in place for monitoring exit doors when the alarms are disabled. As a result, Resident #1 was able to wander outside of the locked facility undetected. The resident then fell and sustained injuries which required the resident to be transported to the hospital by ambulance to receive care in an emergency room. Also see findings for TAG Y515.</p> <p>Severity: 3 Scope: 1</p>	Y 972			

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